



TRACIE

HEALTHCARE EMERGENCY PREPAREDNESS
INFORMATION GATEWAY

Trauma Care and Triage
Topic Collection
6/2/2015

Topic Collection: Trauma Care and Triage

Performing trauma care and triage on the scene of a local disaster or mass casualty incident can tax first responders physically and emotional and can also lead to a high demand for human and other resources. The contents of this Topic Collection can help emergency planners understand the basics of field triage and learn about how preparing for mass casualty events helped responders perform trauma care and triage effectively in response to recent critical incidents.

This ASPR TRACIE Topic Collection is in development and will be comprehensively reviewed in the fall of 2015. If you have resources to recommend for inclusion in this Topic Collection, specifically illustrative examples, plans, tools or templates, please email your recommendations to askasprtracie@hhs.gov.

Biddinger, P., Baggish, A., Harrington, L., et al. (2014). [Be Prepared — The Boston Marathon and Mass-Casualty Events](#). New England Journal of Medicine. 368:1958-1960.

The authors describe how planning and training for mass-casualty events helped the Boston medical community successfully respond to the marathon bombing.

Iserson K., and Moskop, J. (2006). [Triage in Medicine, Part I: Concept, History, and Types](#). (Abstract only.) Annals of Emergency Medicine. 49(3):275-81.

This article provides information on the history and evolution of the practice of triage.

Moskop, J. and Iserson, K. (2007). [Triage in Medicine, Part II: Underlying Values and Principles](#). (Abstract only.) Annals of Emergency Medicine. 49(3):282-7.

The authors discuss the "moral significance" of triage and summarize three principles of distributive justice that can guide triage decisions.

National Center for Injury Prevention and Control. (2011). [Decision Scheme: 2011 Guidelines for Field Triage of Injured Patients](#).

This poster can help emergency medical service providers determine when patients may need to be transported to trauma centers with specific capabilities.

Sasser, S., Hunt, R., Faul, M., et al. (2012). [Guidelines for Field Triage of Injured Patients](#). Centers for Disease Control and Prevention, Morbidity and Mortality Weekly Report, Recommendations and Reports, 61(1).

This guidance can help emergency medical service providers recognize when patients would benefit from specialized trauma care resources. The report includes a list of tools that can be used to assess vital signs, anatomy of injury, mechanism of injury and evidence of high-energy impact, and special considerations (e.g., age, bleeding disorders, burns, and pregnancy).

Spencer, C. (2011). [Managing Mass Casualty Events is Just the Application of Normal Activity on a Grander Scale for the Emergency Health Services. Or is it?](#) Australasian Journal of Paramedicine, 9(1).

The author explains that managing mass casualty events is not "business as usual" for the following reasons: it requires emergency medical services to go above and beyond traditional services, these incidents extend day-to-day triage, and large incidents require a medical surge response.